

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
Eastern Division

| | | |
|----------------------------|---|-------------------------------|
| In Re: |) | BK No.: 16-04052 |
| CHARLENE and DWAYNE BURRIS |) | (Jointly Administered) |
| |) | Chapter: 13 |
| |) | Honorable A. Benjamin Goldgar |
| |) | |
| Debtor(s) |) | |

ORDER TO REDACT

Pursuant to Section II.A.4.b. of the Administration Procedures for the Case Management/Electronic Case Filing System, the motion to redact personal information is granted.

The clerk is direct to substitute the redacted document attached to the motion in place of the unredacted document originally filed with the fee application.

Enter: 

MAR 20 2019

Dated: United States Bankruptcy Judge

Prepared by:

Robert C. Bansfield Jr., A.R.D.C. #6329415
David M. Siegel & Assoc., LLC
790 Chaddick Drive
Wheeling, IL 60090
(847) 520-8100

| | | | | | |
|---|--|---|-------------|--|--|
| Form 1040 | | Department of the Treasury—Internal Revenue Service (99) | 2016 | OMB No. 1545-0074 | IRS Use Only—Do not write or staple in this space. |
| U.S. Individual Income Tax Return | | | | | |
| For the year Jan. 1-Dec. 31, 2016, or other tax year beginning | | , 2016, ending | | , 20 | See separate instructions. |
| Your first name and initial | | Last name | | Your social security number | |
| CHARLENE | | BURRIS | | | |
| If a joint return, spouse's first name and initial | | Last name | | Spouse's social security number | |
| DWAYNE A | | BURRIS | | | |
| Home address (number and street). If you have a P.O. box, see instructions. | | | | Apt. no. | ▲ Make sure the SSN(s) above and on line 6c are correct. |
| City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). | | | | | |
| Foreign country name | | Foreign province/state/county | | Foreign postal code | |
| Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse | | | | | |
| Filing Status | | 1 <input type="checkbox"/> Single 2 <input checked="" type="checkbox"/> Married filing jointly (even if only one had income) 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ► | | 4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ► 5 <input type="checkbox"/> Qualifying widow(er) with dependent child | |
| Exemptions | | 6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a. 6b <input checked="" type="checkbox"/> Spouse | | Boxes checked on 6a and 6b No. of children on 6c who: • lived with you 2 • did not live with you due to divorce or separation (see instructions) 2 | |
| If more than four dependents, see instructions and check here ► <input type="checkbox"/> | | (1) First name Last name (2) Dependent's social security number FOSTER CHILD FOSTER CHILD | | Dependents on 6c not entered above Add numbers on lines above ► 4 | |
| | | d Total number of exemptions claimed | | | |
| Income | | 7 Wages, salaries, tips, etc. Attach Form(s) W-2 8a Taxable interest. Attach Schedule B if required b Tax-exempt interest. Do not include on line 8a 9a Ordinary dividends. Attach Schedule B if required b Qualified dividends 10 Taxable refunds, credits, or offsets of state and local income taxes 11 Alimony received 12 Business income or (loss). Attach Schedule C or C-EZ 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ► <input type="checkbox"/> 14 Other gains or (losses). Attach Form 4797 15a IRA distributions 15a 16a Pensions and annuities 16a 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 18 Farm income or (loss). Attach Schedule F 19 Unemployment compensation 20a Social security benefits 20a b Taxable amount 21 Other income. List type and amount 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ► | | 7 3,134. 8a 9a 10 11 12 13 14 15b 16b 17 18 19 20b 21 22 3,134. | |
| Adjusted Gross Income | | 23 Educator expenses 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 25 Health savings account deduction. Attach Form 8889 26 Moving expenses. Attach Form 3903 27 Deductible part of self-employment tax. Attach Schedule SE 28 Self-employed SEP, SIMPLE, and qualified plans 29 Self-employed health insurance deduction 30 Penalty on early withdrawal of savings 31a Alimony paid b Recipient's SSN ► 32 IRA deduction 33 Student loan interest deduction 34 Tuition and fees. Attach Form 8917 35 Domestic production activities deduction. Attach Form 8903 36 Add lines 23 through 35 37 Subtract line 36 from line 22. This is your adjusted gross income ► | | 23 24 25 26 27 28 29 30 31a 32 33 34 35 36 37 0. 3,134. | |

Form 1040 (2016) CHARLENE BURRIS & DWAYNE A BURRIS

5591 Page 2

| | | | |
|---|--|-----|---------|
| Tax and Credits | 38 Amount from line 37 (adjusted gross income) | 38 | 3,134. |
| | 39a Check <input type="checkbox"/> You were born before January 2, 1952, <input type="checkbox"/> Blind. Total boxes if: <input type="checkbox"/> Spouse was born before January 2, 1952, <input type="checkbox"/> Blind. checked ► 39a | 39b | |
| Standard Deduction for— | 40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) | 40 | 12,600. |
| • People who check any box on line 39a or 39b or who can be claimed as a dependent, see Instructions. • All others: Single or Married filing separately, \$6,300 | 41 Subtract line 40 from line 38 | 41 | -9,466. |
| Married filing jointly or Qualifying widow(er), \$12,600 | 42 Exemptions. If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions | 42 | 16,200. |
| Head of household, \$9,300 | 43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- | 43 | 0. |
| | 44 Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> | 44 | 0. |
| | 45 Alternative minimum tax (see instructions). Attach Form 6251 | 45 | |
| | 46 Excess advance premium tax credit repayment. Attach Form 8962 | 46 | |
| | 47 Add lines 44, 45, and 46 ► | 47 | 0. |
| | 48 Foreign tax credit. Attach Form 1116 if required | 48 | |
| | 49 Credit for child and dependent care expenses. Attach Form 2441 | 49 | |
| | 50 Education credits from Form 8863, line 19 | 50 | |
| | 51 Retirement savings contributions credit. Attach Form 8880 | 51 | |
| | 52 Child tax credit. Attach Schedule 8812, if required | 52 | |
| | 53 Residential energy credits. Attach Form 5695 | 53 | |
| | 54 Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> | 54 | |
| | 55 Add lines 48 through 54. These are your total credits | 55 | 0. |
| | 56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- ► | 56 | 0. |
| Other Taxes | 57 Self-employment tax. Attach Schedule SE | 57 | |
| | 58 Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919 | 58 | |
| | 59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required | 59 | |
| 60a Household employment taxes from Schedule H | 60a | 60b | |
| b First-time homebuyer credit repayment. Attach Form 5405 if required | 61 | 62 | |
| 61 Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/> | 62 | 63 | |
| 62 Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s) | | | |
| 63 Add lines 56 through 62. This is your total tax ► | 63 | | |
| Payments | 64 Federal income tax withheld from Forms W-2 and 1099 | 64 | 194. |
| If you have a qualifying child, attach Schedule EIC. | 65 2016 estimated tax payments and amount applied from 2015 return | 65 | |
| | 66a Earned income credit (EIC) | 66a | 1,250. |
| | b Nontaxable combat pay election 66b | 66b | |
| | 67 Additional child tax credit. Attach Schedule 8812 | 67 | 20. |
| | 68 American opportunity credit from Form 8863, line 8 | 68 | |
| | 69 Net premium tax credit. Attach Form 8962 | 69 | |
| | 70 Amount paid with request for extension to file | 70 | |
| | 71 Excess social security and tier 1 RRTA tax withheld | 71 | |
| | 72 Credit for federal tax on fuels. Attach Form 4136 | 72 | |
| | 73 Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/> | 73 | |
| | 74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments ► | 74 | 1,464. |
| Refund | 75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid | 75 | 1,464. |
| | 76a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here ► <input type="checkbox"/> | 76a | 1,464. |
| Direct deposit? ► b Routing number | c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| See instructions. | d Account number | | |
| 77 Amount of line 75 you want applied to your 2017 estimated tax ► | 77 | | |
| Amount You Owe | 78 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions ► | 78 | 0. |
| | 79 Estimated tax penalty (see instructions) 79 | 79 | |

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes, Complete below. No
 Designee's name ► Phone no. ► Personal identification number (PIN) ►

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

| | | | |
|----------------|------|------------------------|----------------------|
| Your signature | Date | Your occupation | Daytime phone number |
| | | FOSTER PARENT RELIEF W | 312-774-8618 |

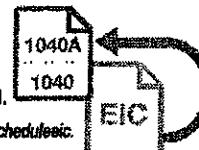
| | | | | |
|--|--|------|---------------------|---|
| Spouse's signature. If a joint return, both must sign. | | Date | Spouse's occupation | If the IRS sent you an Identity Protection PIN, enter it here (see Inst.) |
| | | | UNEMPLOYED | |

| | | | | | |
|------------------------|----------------------------|----------------------|------|---|--------------|
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| | SELF-PREPARED | | | | |
| | Firm's name ► | | | | Firm's EIN ► |
| | Firm's address ► | | | | Phone no. |

SCHEDULE EIC
(Form 1040A or 1040)

Earned Income Credit

Qualifying Child Information



OMB No. 1545-0074

2016

Attachment
Sequence No. 43

Your social security number

Department of the Treasury
Internal Revenue Service (99)

- Complete and attach to Form 1040A or 1040 only if you have a qualifying child.
- Information about Schedule EIC (Form 1040A or 1040) and its instructions is at www.irs.gov/scheduleeic.

Name(s) shown on return

CHARLENE BURRIS & DWAYNE A BURRIS

Before you begin:

- See the instructions for Form 1040A, lines 42a and 42b, or Form 1040, lines 66a and 66b, to make sure that (a) you can take the EIC, and (b) you have a qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.



- You can't claim the EIC for a child who didn't live with you for more than half of the year.
- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

Qualifying Child Information

Child 1

Child 2

Child 3

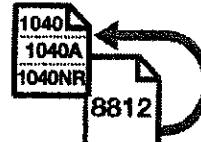
| | | | | | | |
|--|--|--|--|---|--|--------------------------------------|
| 1 Child's name If you have more than three qualifying children, you have to list only three to get the maximum credit. | First name <i>C</i> | Last name | First name <i>I</i> | Last name | First name <i>C</i> | Last name |
| 2 Child's SSN The child must have an SSN as defined in the instructions for Form 1040A, lines 42a and 42b, or Form 1040, lines 66a and 66b, unless the child was born and died in 2016. If your child was born and died in 2016 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records. | | | | | | |
| 3 Child's year of birth | Year <u>2</u> <u>0</u> <u>0</u> <u>0</u> <i>If born after 1997 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i> | Year <u>2</u> <u>0</u> <u>1</u> <u>0</u> <i>If born after 1997 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i> | Year _____ <i>If born after 1997 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i> | | | |
| 4 a Was the child under age 24 at the end of 2016, a student, and younger than you (or your spouse, if filing jointly)? | <input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5.</i> | <input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 4b.</i> | <input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5.</i> | <input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 4b.</i> | <input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5.</i> | |
| b Was the child permanently and totally disabled during any part of 2016? | <input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5.</i> | The child is not a qualifying child. | <input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5.</i> | The child is not a qualifying child. | <input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5.</i> | The child is not a qualifying child. |
| 5 Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, foster child, etc.) | FOSTER CHILD | | FOSTER CHILD | | | |
| 6 Number of months child lived with you in the United States during 2016 | | | | | | |
| • If the child lived with you for more than half of 2016 but less than 7 months, enter "7." • If the child was born or died in 2016 and your home was the child's home for more than half the time he or she was alive during 2016, enter "12." | <u>12</u> months <i>Do not enter more than 12 months.</i> | | <u>12</u> months <i>Do not enter more than 12 months.</i> | | <u>months</u> <i>Do not enter more than 12 months.</i> | |

**SCHEDULE 8812
(Form 1040A or 1040)**

Department of the Treasury
Internal Revenue Service (99)
Name(s) shown on return

Child Tax Credit

- Attach to Form 1040, Form 1040A, or Form 1040NR.
- Information about Schedule 8812 and its separate instructions is at www.irs.gov/schedule8812.



OMB No. 1545-0074

2016Attachment
Sequence No. 47

Your social security number

3

CHARLENE BURRIS & DWAYNE A BURRIS

Part I Filers Who Have Certain Child Dependent(s) with an ITIN (Individual Taxpayer Identification Number)

*Complete this part only for each dependent who has an ITIN and for whom you are claiming the child tax credit.
If your dependent is not a qualifying child for the credit, you cannot include that dependent in the calculation of this credit.*

Answer the following questions for each dependent listed on Form 1040, line 6c; Form 1040A, line 6c; or Form 1040NR, line 7c, who has an ITIN (Individual Taxpayer Identification Number) and that you indicated is a qualifying child for the child tax credit by checking column (4) for that dependent.

A For the first dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.

Yes No

B For the second dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.

Yes No

C For the third dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.

Yes No

D For the fourth dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.

Yes No

Note: If you have more than four dependents identified with an ITIN and listed as a qualifying child for the child tax credit, see separate instructions and check here ►

Part II Additional Child Tax Credit Filers

1 If you file Form 2555 or 2555-EZ stop here; you cannot claim the additional child tax credit.

If you are required to use the worksheet in Pub. 972, enter the amount from line 8 of the Child Tax Credit Worksheet in the publication. Otherwise:

1040 filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040, line 52).

1040A filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040A, line 35).

1040NR filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040NR, line 49).

2 Enter the amount from Form 1040, line 52; Form 1040A, line 35; or Form 1040NR, line 49

3 Subtract line 2 from line 1. If zero, stop here; you cannot claim this credit

4a Earned income (see separate instructions)

b Nontaxable combat pay (see separate instructions)

5 Is the amount on line 4a more than \$3,000?

No. Leave line 5 blank and enter -0- on line 6.

Yes. Subtract \$3,000 from the amount on line 4a. Enter the result

6 Multiply the amount on line 5 by 15% (0.15) and enter the result

Next. Do you have three or more qualifying children?

No. If line 6 is zero, stop here; you cannot claim this credit. Otherwise, skip Part III and enter the smaller of line 3 or line 6 on line 13.

Yes. If line 6 is equal to or more than line 3, skip Part III and enter the amount from line 3 on line 13. Otherwise, go to line 7.

Schedule 8812 (Form 1040A or 1040) 2016

Part III Certain Filers Who Have Three or More Qualifying Children

7 Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see separate instructions.

8 **1040 filers:** Enter the total of the amounts from Form 1040, lines 27 and 58, plus any taxes that you identified using code "UT" and entered on line 62.

1040A filers: Enter -0-.

1040NR filers: Enter the total of the amounts from Form 1040NR, lines 27 and 56, plus any taxes that you identified using code "UT" and entered on line 60.

9 Add lines 7 and 8.

10 **1040 filers:** Enter the total of the amounts from Form 1040, lines 66a and 71.

1040A filers: Enter the total of the amount from Form 1040A, line 42a, plus any excess social security and tier 1 RRTA taxes withheld that you entered to the left of line 46 (see separate instructions).

1040NR filers: Enter the amount from Form 1040NR, line 67.

11 Subtract line 10 from line 9. If zero or less, enter -0-

12 Enter the larger of line 6 or line 11.

Next, enter the smaller of line 3 or line 12 on line 13.

| | |
|----|----|
| 7 | |
| 8 | |
| 9 | |
| 10 | |
| | 11 |
| | 12 |

Part IV Additional Child Tax Credit

13 This is your additional child tax credit.

| | |
|----|-----|
| 13 | 20. |
|----|-----|



Enter this amount on
Form 1040, line 67,
Form 1040A, line 43, or
Form 1040NR, line 64.